

alienist, nay, to the average physician, that the special emphasis laid by Dr. Howard on the physical nature of insanity reads somewhat strangely to an American over whom theological ideas do not exert too strong a sway.

There is, however, no denying that, though here in the United States the fact that insanity is a physical morbid entity is not gainsaid, still, in England, and English-speaking countries, the battle over this fact is not yet ended. Whoever has read the writings of Winn and Bateman must have been astonished at the survival of such mediæval views. In Canada these views are held with still greater tenacity, and it is not a great many years since that Dr. Douglass, then of Beauport, Canada, ridiculed Dr. Workman, of Toronto, for making autopsies on the insane. Such being the case, it is obvious that a work like this of Dr. Howard was needed to break down the prejudices against psychiatry. Dr. Howard looks upon not only insanity, but also crime, as resulting from the physical constitution of the individual. That such views are, with certain modifications, in accordance with science, cannot be denied. That they have been independently arrived at by Dr. Howard, is also true; but although he can claim originality, he certainly cannot claim priority. He makes a strong and well-timed protest against the right and wrong test of responsibility. Dr. Howard does not believe in monomania in the forensic sense; that is, he does not believe that a man can be other than an insane man who has but a single delusion: his will, intellect, and emotions must be affected by such delusion. This view does not conflict with the idea of monomania or partial insanity as held by the alienists. Dr. Howard maintains (p. 117) that the insane man is not responsible for his acts, because of pathological defect; the imbecile and habitual criminal, because of teratological defect, and in all of these conclusions he is fully justified. Kräpelin, Ferri, Lacasagne, and Lebon (this JOURNAL, January, 1882) hold similar views respecting habitual criminals. A little more diffusion of these opinions respecting habitual criminals, and even the general public may come to recognize the fact that law should not avenge the victims of crime, but prevent crime. The book is interestingly written, and as a protest against certain dogmas too prevalent in the United States, and others equally so in Canada and England, is of value. It is well issued.

### **Clinical lectures on diseases of the nervous system.**

By THOMAS BUZZARD, M.D., etc., London, 1882, 8vo, pp. 466.

Of the twenty-five lectures in this book, twenty relate to the

spinal cord, and of these latter ten are concerned with locomotor ataxia. The work, therefore, is very limited in its range, and its title is scarcely in accordance with its contents. As stated by Dr. Buzzard in the preface, some of the lectures have appeared at various times in the medical journals.

While there is nothing new in the book, Dr. Buzzard has said what he has had to say with clearness and precision, and with a degree of fulness sometimes in excess of what is required in clinical lectures, addressed to undergraduates, as these apparently were. We think, too, that his use of the term "*tabes dorsalis*" instead of "*locomotor ataxia*" is unfortunate. The former never had a place in English medical literature, and it was not till Duchenne took up the study of the subject that the disease which Romberg called "*tabes dorsalis*" became even tolerably well known to English physicians. Thus it is not mentioned in the "*Cyclopædia of Practical Medicine*," edited by Drs. Forbes, Tweedie, and Conolly, and published nearly forty years ago. Watson only refers to it in his later editions, and by the name of locomotor ataxia, without even mentioning Romberg; and Copeland, in his "*Dictionary of Practical Medicine*," while giving the name "*tabes dorsalis*," applies it to a disease which is certainly not locomotor ataxia. The following is Copeland's description of the symptoms of what he calls "*tabes dorsalis*":

"The symptoms in both sexes are chiefly extreme emaciation, a weak and bent state of the spinal column, the lumbar region of the spine having lost its posterior concavity, and having become either straight or convex, owing to the softened yielding, or atrophied state of the interstitial substance. The gait is unsteady and vacillating, the knees bend under the weight of the body, and all the muscular movements and mental manifestations evince debility, exhaustion, impaired powers of exertion, application and attention. The genitals are often flaccid, wasted, or soft and small in the male, and are subject to leucorrhœa in the female; the eyes are weak, and the whole body is emaciated. If the causes are continued, various functional and organic lesions intervene: especially nervous affections varying in character with the peculiarities and circumstances of individual cases, hysteria, hypochondriasis, mental depression or delusion, tremors, extreme susceptibility, anæmia, and ultimately epilepsy, incomplete or complete, partial or general paralysis, insanity, and the several other consecutive maladies mentioned when treating of voluntary or involuntary pollutions."

This was the English idea of "tabes dorsalis" less than thirty years ago. It does not have the slightest resemblance to Romberg's almost perfect description published in 1840. It is rather late in the day, therefore, for English writers to begin to employ Romberg's terminology.

Altogether Dr. Buzzard's book is a useful and interesting contribution to medical literature, the lectures on locomotor ataxia are particularly good, so far at least as the description of the disease is concerned ; but here, as in regard to the other diseases considered, there is little or nothing relative to the treatment. Indeed, there is not a word on the subject of the treatment of the affection in question. Bad as the prognosis is in cases of locomotor ataxia, it certainly is not an entirely hopeless disease, and at least not a few cases admit of marked amelioration. Relative to paralysis agitans, under which name he includes, as did Parkinson, two very different affections, there is nothing said concerning the treatment, although, as is well known, the tremor of all sclerosis is markedly ameliorated by the administration of hyosciamine. A work on clinical medicine should, above all things, consider the subject of treatment. It is for that that patients are admitted into hospitals ; and clinical lectures, we take it, are mainly given in order that those who attend them may become acquainted with the methods of management which diseases require. Viewed from this stand-point, Dr. Buzzard's book must be regarded as not adequately representing the state of medical science relative to the diseases upon which his lectures were given.